



## Complete Summary

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### TITLE

Medication safety: percentage of medication orders that include error-prone abbreviations.

### SOURCE(S)

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of medication orders that include error-prone abbreviations.

### RATIONALE

One of the major causes of medication errors is the use of potentially dangerous abbreviations in prescribing. An abbreviation used by a prescriber may mean something quite different to the interpreting the prescription. Abbreviations may not only be misunderstood but can also be combined with other words or numerals to appear as something altogether unintended. Although using abbreviations may seem to be a timesaving convenience, use of abbreviations does not promote patient safety. The Institute for Safe Medication Practices (ISMP) and the US Food and Drug Administration (FDA) have recently launched a campaign to help eliminate error-prone abbreviations in prescribing.

**PRIMARY CLINICAL COMPONENT**

Medication safety; error-prone abbreviations

**DENOMINATOR DESCRIPTION**

Total number of medication orders in the sample

Refer to the original measure documentation for recommended sample size.

**NUMERATOR DESCRIPTION**

Total number of medication orders that include error-prone abbreviations (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

**Evidence Supporting the Measure****EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

**Evidence Supporting Need for the Measure****NEED FOR THE MEASURE**

Unspecified

**State of Use of the Measure****STATE OF USE**

Current routine use

**CURRENT USE**

Internal quality improvement

**Application of Measure in its Current Use****CARE SETTING**

Hospitals

**PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Advanced Practice Nurses  
Physicians

**LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Single Health Care Delivery Organizations

**TARGET POPULATION AGE**

Unspecified

**TARGET POPULATION GENDER**

Either male or female

**STRATIFICATION BY VULNERABLE POPULATIONS**

Unspecified

**Characteristics of the Primary Clinical Component**

**INCIDENCE/PREVALENCE**

Unspecified

**ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

**BURDEN OF ILLNESS**

Unspecified

**UTILIZATION**

Unspecified

**COSTS**

Unspecified

**Institute of Medicine National Healthcare Quality Report Categories**

**IOM CARE NEED**

Getting Better  
Staying Healthy

## **IOM DOMAIN**

Effectiveness  
Safety

### **Data Collection for the Measure**

#### **CASE FINDING**

Users of care only

#### **DESCRIPTION OF CASE FINDING**

Number of medication orders in the sample

#### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

#### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

##### **Inclusions**

Total number of medication orders in the sample

Refer to the original measure documentation for recommended sample size.

##### **Exclusions**

Unspecified

#### **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

#### **DENOMINATOR (INDEX) EVENT**

Institutionalization  
Therapeutic Intervention

#### **DENOMINATOR TIME WINDOW**

Time window brackets index event

#### **NUMERATOR INCLUSIONS/EXCLUSIONS**

##### **Inclusions**

Total number of medication orders that include error-prone abbreviations\*

\*Refer to the original measure documentation for a list of error-prone abbreviations, and their acceptable alternatives.

**Exclusions**

Unspecified

**MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

**NUMERATOR TIME WINDOW**

Institutionalization

**DATA SOURCE**

Administrative data  
Medical record

**LEVEL OF DETERMINATION OF QUALITY**

Individual Case

**PRE-EXISTING INSTRUMENT USED**

Unspecified

**Computation of the Measure****SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a lower score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Indicator area 1: medication safety CI 1.3.

### MEASURE COLLECTION

[Australian Council on Healthcare Standards \(ACHS\) Equip Clinical Indicators](#)

### MEASURE SET NAME

[Hospital-Wide Clinical Indicators](#)

### DEVELOPER

Australian Council on Healthcare Standards

### FUNDING SOURCE(S)

Funding is direct Australian Council on Healthcare Standards (ACHS) funding sourced through our membership. ACHS does not receive external funding from the government or other sources.

### COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Our terms of reference dictate the composition of the working parties that develop our indicators and include the following:

- Two Clinicians -- nominated by the relevant specialty college/association/society, one nominated to be the chair of the working party
- Private Hospital Representative -- nominated by the Australian Private Hospital Association
- Consumer Representative -- nominated by the Consumer Health Forum of Australia
- Coding Representative -- nominated by the National Centre for Clinical classification on Health
- Quality Health New Zealand, nominated by QHNZ (if applicable)
- Epidemiological/Clinical Research Representative, Director of Health Services Research Group, University of Newcastle
- Australian Council on Healthcare Standards (ACHS) Representatives -- Clinical Director, Coordinator, Administrative Assistant
- Other Expert Stakeholders, as required

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

None

## **ADAPTATION**

Measure was adapted from another source.

## **PARENT MEASURE**

Indicators for Quality Use of Medicines in Australian Hospitals: NSW Therapeutic Advisory Group, 2007

## **RELEASE DATE**

2009 Jan

## **MEASURE STATUS**

This is the current release of the measure.

## **SOURCE(S)**

Australian Council on Healthcare Standards (ACHS). ACHS clinical indicator users' manual 2009. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2009 Jan. 853 p.

## **MEASURE AVAILABILITY**

The individual measure, "Indicator Area 1: Medication Safety CI 1.3," is published in "ACHS Clinical Indicator Users' Manual 2009."

For more information contact, the Australian Council on Healthcare Standards (ACHS), 5 Macarthur Street, ULTIMO NSW 2007; Phone: (02) 9281 9955; Fax: (02) 9211 9633; E-mail: [pos@achs.org.au](mailto:pos@achs.org.au); Web site: [www.achs.org.au](http://www.achs.org.au).

## **COMPANION DOCUMENTS**

The following is available:

- Australian Council on Healthcare Standards (ACHS). Australasian clinical indicator report 2001-2007. Determining the potential to improve quality of care: 9th edition. ULTIMO NSW: Australian Council on Healthcare Standards (ACHS); 2008. 611 p. This document is available in Portable Document Format (PDF) from the [Australian Council on Healthcare Standards \(ACHS\) Web site](http://www.achs.org.au).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on May 8, 2009.

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